


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000081403**

1. Entity Name  
**IDP, LLC**



Principal Place of Business      Mailing Address

**435 A2 AIRPARK ROAD**      **P O BOX 936**  
**EDGEWATER, FL 32132 US**      **EDGEWATER, FL 32132 US**

**DO NOT WRITE IN THIS SPACE**



02152007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-3328694</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOVE, DAVID S**  
**435 A 2 AIRPARK RD**  
**EDGEWATER, FL 32132**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVE, SYDNEY S 1751 AIRPARK RD EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVE, WILLIAM D 1751 AIRPARK RD EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVE, DAVID S 1351 SCARLETT TRAIL NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000699117  
 04/19/07-80029-023 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: None      Date: 4-9-07      Daytime Phone #: 386 423 6960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #